



**Directions:** This form must be completed during the first 3 weeks of operation and kept filed on site.

Opening Date: \_\_\_\_\_

Closing Date:

Date Form Completed:

YES NO NA

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## Menu Planning Option \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_

**CORRECTIVE ACTION PLAN:**

Date \_\_\_\_\_

Date \_\_\_\_\_

MO 500- 2605 (04/06)